In New Jersey the administration of the MCH Block Grant, including the program for children with special health care needs, is organizationally located within the Department of Health and Senior Services, Division of Family Health Services (FHS). The division's organization is based on function, rather than categorical programs. Maternal, Child and Community Health (MCCH) has oversight of the Maternal and Child Health Consortia (MCHC), the Healthy Mothers Healthy Babies Coalitions (HMHB), FAS risk reduction perinatal addiction services, Healthy Start, the Black Infant Mortality Reduction Awareness Campaign, comprehensive maternity services and outreach and education, preventive and primary care services including child and adolescent health services, oral health, childhood lead poisoning prevention services, Title X-family planning, breast and cervical cancer control initiative, the primary care cooperative agreement, and the federally qualified health center (FQHC) expansion program. The second service unit in FHS, Special Child Health and Early Intervention Services (SCHEIS) administers programs and services to assure that all persons with special health needs have access to comprehensive, community based, culturally competent and family centered care. The Birth Defects registry provides for early identification and surveillance. Newborn screening follow-up is within SCAEIS. Specialized pediatric evaluation and treatment services are managed by SCAEIS along with community based case management services for children with special health care needs. Services for adults include hereditary disorders, diabetes control, Huntington's disease, and chronic renal disease. The MCH Epidemiology Program is under the Office of the Medical Director within the Office of the Assistant Commissioner.

MATERNAL & CHILD HEALTH (MCH) MEASURES

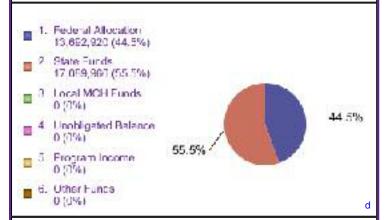
MATERNAL & CHILD REALTH (MCH) M	LAGGILLO	
Title V - MCH National Performance Measures	State 2004 Results	State 2009 Goal
The percent of newborns who are screened and confirmed with condition(s) mandated by their Statesponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.	99.6%	100%
The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)	52%	58%
Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)	75.9%	81%
Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	78.8%	81%
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.	12.5	12
The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.	*	1.4
Percentage of mothers who breastfeed their infants at hospital discharge.	67.8%	71%
Percentage of newborns who have been screened for hearing before hospital discharge.	98.8%	99%
The percent of very low birth weight infants among all live births.	1.5%	1.3%
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	78.6%	79.4%
Title V - MCH National Outcome Measures	State 2004 Results	State 2009 Goal
The infant mortality rate per 1,000 live births.	5.6	5.6
The ratio of the black infant mortality rate to the white infant mortality rate.	2.8	2.1
The neonatal mortality rate per 1,000 live births.	4.0	3.7
The postneonatal mortality rate per 1,000 live births.	1.6	1.6
The perinatal mortality rate per 1,000 live births plus fetal deaths.	6.1	5.7
The child death rate per 100,000 children aged 1 through 14.	15.1	12
Title V - Selected MCH State Performance Measures	State 2004 Results	State 2009 Goal
The percentage of Black non-Hispanic preterm infants in New Jersey	11.6%	*
The percentage of communities receiving Community Partnership for Healthy Adolescent grants who have developed an adolescent health plan for their communities.	100.0	100
The percentage implementation of activities from the state pediatric asthma plan.	*	*

State Population: 8,642,412 Live Births: 116,269

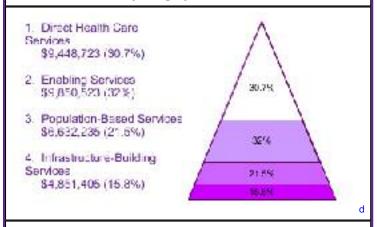
TITLE V FEDERAL - STATE BLOCK GRANT EXPENDITURES

By Number of Individuals Served and Population Group				
Populations Served	Number of Individuals Served	Expenditures FY 2004		
Pregnant Women	109,552	\$4,617,433	15%	
Infants < 1 year old	112,117	\$5,540,919	18%	
Children 1 to 22 years old	120,464	\$8,619,208	28%	
Children with Special Healthcare Needs	48,800	\$10,824,253	35.2%	
Others	211,265	\$0	0%	
Administration		\$1,181,073	3.8%	
Totals	602,198	\$30,782,886	100%	

By Source of Funds



By Category of Services



HOTLINE CALLS

FAMILY PARTICIPATION IN CSHCN PROGRAM

Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

Family members are involved in service training of CSHCN staff and providers.

Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

Family members of diverse cultures 3 are involved in all of the above activities.

FY 2004 Total: 16

Total Possible: 18

Scale: 0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

MCH PARTNERSHIP FUNDS FY 2004

Title V Federal-State Block Grant:

30,782,886

Other MCHB Grant Programs:

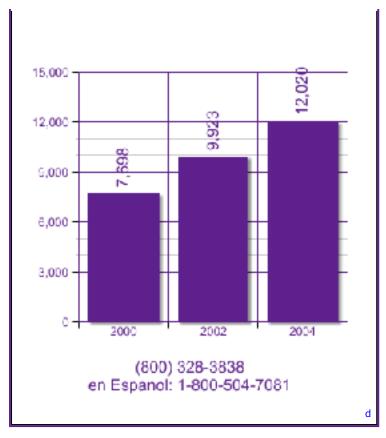
5,243,599

Bioterrorism Grant Program:

13,546,119

Total MCH Partnership Funds:

49,572,604



CONTACT INFORMATION

For More Information on Title V:

Title V Program, contact:

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